| Effective October 1, 2003    18/3052  |  |   |              |  |                   |                   |   |                            |                        |          |                               |                         |  |
|---|--|---|--------------|--|-------------------|-------------------|---|----------------------------|------------------------|----------|-------------------------------|-------------------------|--|
| CLAIMS AS FILED - PART I (Column 2)   |  |   |              |  |                   |                   |   | SMALL ENTITY TYPE          |                        |          | OTHER THAN<br>OR SMALL ENTITY |                         |  |
| 1   | OTAL CLAIM   | \$<br>  | 21_          | 21   |                   |                   |   | RATE                       | FEE                    | 7        | RATE.                         | FEE                     |  |
| FOR   |  |   | NUMBER FILED |  | NUMBER EXTRA      |                   |   | BASIC F                    | EE 385.0               | OF       | BASIC FEE                     | 770.00                  |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 27 1         | 37 minus 20=                                   |                   | • 7               |   | XS 9:                      |                        | OF       | X\$18=                        | 126                     |  |
| INDEPENDENT CLAIMS  |  |   | minus 3 =    |  | • 1               |                   |   | X43≖                       | 1                      | ОЯ       | X86=                          | 86                      |  |
| М   | MULTIPLE DEPENDENT CLAIM PRESENT   |   |              |  |                   |                   |   |                            |                        | OR       |                               | - 7                     |  |
| •1  | * If the difference in column 1 is less than zero, enter *0" in column 2 |   |              |  |                   |                   |   |                            | +-                     | OR       |                               | _                       |  |
|   | 10/3/15  |   |              | LENTITY  | OR                | OTHER<br>SMALL    |   |                            |                        |          |                               |                         |  |
| ENTA  | 1 7.   | (Column 1) CLAIMS REMAINING AFTER AMENDMENT                       | ·            | (Colum<br>HIGH<br>NUMB<br>PREVIO<br>PAID F     | SY<br>IER<br>USLY | PRESENT-<br>EXTRA |   | RATE                       | ADDI-<br>TIONAL<br>FEE | ]        | RATE                          | ADDI-<br>TIONAL<br>FEE  |  |
| AMENDMENT.  | Total  | . 15  | Minus        | -27  | ٠                 | •                 |   | X\$ 9=                     |                        | OR       | X\$18=                        |                         |  |
|   |  |   | Minus        |  |                   |                   |   | X43=                       |                        | OR       | X86-                          |                         |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |              |  |                   |                   |   |                            |                        | OR       | +280=                         |                         |  |
| 3-28-06<br>3-28-06  |  |   |              |  |                   |                   | L | +145=<br>TOTA<br>DOIT. FEI |                        | OR       | TOTAL<br>ADDIT. FEE           |                         |  |
| AMENDMENT B   |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT                       |              | (Column<br>HIGHE<br>NUMBI<br>PREVIOU<br>PAID F | ST<br>ER<br>JSLY  | PRESENT EXTRA     |   | RATE                       | ADDI-<br>TIONAL<br>FEE |          | RATE                          | ADDI-<br>TIONAL<br>FEE) |  |
| 2   | Total  | · 13  | Minus        | -21  | 7.                | - /               | I | X\$ 9=                     | 1. ]                   | ÓR       | X\$18=                        |                         |  |
| AME   | Independent  | . 2   | Minus        | - 4  | <u> </u>          | • /.              |   | X43= :                     | 1/                     | OR       | X86=                          | /-                      |  |
| _   | PINST PHESE  | NTATION OF MU   | LTIPLE DE    | PENDENT C                                      | LAIM              | •                 |   | +145=                      | /                      |          | +290=                         | /                       |  |
|   |  |   |              |  |                   | •                 | L | JOTAL<br>OIL FEE           |                        | OR<br>OR | TOTAL<br>LODIT, FEEL          | •                       |  |
| _   |  | (Column 1)  |              | (Column  |                   | (Calumn 3)        | • | •                          |                        | •        | •                             |                         |  |
|   |  | REMAINING<br>AFTER<br>AMENDMENT                                   |              | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO          | SLY               | PRESENT<br>EXTRA  |   | RATE                       | ADDI-<br>TIONAL<br>FEE | ,        | RATE                          | ADDI-<br>TIONAL<br>FEE  |  |
| MCAUMEIN!   | Total  | •   | Minus        | **   |                   | •                 |   | C\$ 9=                     |                        | OR       | X\$18=                        |                         |  |
|   | Independent  | •   | Minus        | •••  |                   | •                 | ⊢ | X43=                       |                        |          | X86=                          |                         |  |
| PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |              |  |                   |                   |   |                            |                        |          |                               |                         |  |
| * If the entry in column 1 is less than the entry in column 2, write 'U' in column 3.  * If the Triphesi Number Previously Paid For' IN THIS SPACE is less than 20, enter '20.  * Apply Sec.   - OR   +290= |  |   |              |  |                   |                   |   |                            |                        |          |                               |                         |  |
| 7   | the "Highest Nun   | abor Previously Pai<br>abor Previously Pei<br>per Previously Peid | d For IN THE | S SPACE & M                                    | ess than          | 3 anter 3.        |   | OIT. FEE                   | propriete box          |          | DON. FEEL                     |                         |  |
|   |  |   |              | :  |                   |                   |   | •                          | •                      | •••      | •                             |                         |  |

Application or Docket Number